

## GANGRENE OF THE GALL BLADDER.

BY ANDREW STEWART LOBINGIER, M.D.,

OF LOS ANGELES, CAL.

THIS comparatively rare condition has been mentioned by all of the prominent writers on the diseases of the gall bladder, but there have been singularly few cases reported in literature. In conversation with a number of surgeons here and abroad, whose wide experience in the pathology of gall stone disease is a matter of international note, I have been surprised at the few instances of true gangrene of the gall bladder which have fallen under their observation. This fact and certain unusual features in the pathology, would seem to make the case here reported one of some scientific interest.

CASE.—F. J., Teuton, age 55, married. He was first seen February 26, 1906, by Dr. Paul Adams, by whose courtesy I was permitted to see the patient. The family history was negative. Until recently he had been a resident of Brooklyn, N. Y. Up to five years ago he had been a hard drinker, chiefly whiskey. On Oct. 15th, Nov. 15th and Nov. 29th, 1905, he had suffered severe attacks of pain in the region of the gall bladder. These attacks, which were supposed to be gall stone colic, developed and disappeared very suddenly and left the patient prostrated. Jaundice, more or less persistent, had been present for more than three years. Early in the history of the case he was said to have sugar in the urine and an excess of urea.

When first called Dr. Adams found the patient suffering severe pain in the region of the gall bladder. These pains radiated downward, as well as upward toward the right scapula. The liver was somewhat enlarged extending an inch below the costal border. There was marked tenderness on light pressure over the gall bladder. The heart showed a moderate systolic murmur. There was a well marked jaundice, and bile and a trace of albumen were found in the urine. At this time the temperature was normal and the pulse 90, but the patient felt sure the pain he was suffering was more severe than in any previous attack. I

was called in by Dr. Adams on March 1st. The patient was a large plethoric subject with jaundiced skin and conjunctivæ. His temperature was then 102.4° F. and the pulse 118 and he had had several rigors. He complained of a severe pain in the right hypochondrium which extended through to the back. The right rectus was rigid and there was a dense mass in the region of the gall bladder, which was only slightly tender on firm pressure. The diagnosis was suppurative cholecystitis with localized peritonitis, and immediate operation was advised.

The operation was at the California Hospital on March 2nd. The gall bladder, which was several times the normal size, was gangrenous and distended with gas. It was covered and walled off from the peritoneal cavity, by the gastrolhepatic and a portion of the great omentum. Surrounding the gall bladder was a pool of dark slate-colored purulent fluid. The omentum was deeply injected and stained by this dark fluid. The fluid was sponged away and the gall bladder opened. It contained gas only; the walls were moist and were distinctly emphysematous, crackling under pressure between the thumb and finger. The mucosa easily separated from the wall and both were gangrenous. In the upper portion of the cystic duct was an irregular stone about the size of a small hazelnut, imbedded in sand and gravel like millet seeds. No other concretions were found. The common and hepatic ducts were probed and found clear. The gall bladder was freed of further adhesions and removed, a drain being placed in the remaining portion of the cystic duct. A pocket above and one below the former position of the gall bladder were drained with cigarette drains. The convalescence was not marked by any unusual incident and the patient left the hospital March 16th. A slight mucus discharge continued for several weeks from the drainage fistula.

The feature of especial interest in this case is the emphysematous condition of the gall bladder wall and the distention with gas of the bladder itself. Of the bacterial flora present little can be said, as the material taken for smear and culture was accidentally destroyed. One might assume the presence of coli, probably the commonest form of gas producing bacillus incident to the gall bladder.